

# Trauma Times Newsletter (March 2015)

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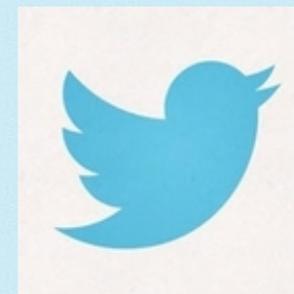
**Volume 6 Issue 3**

**March 2015**

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**Social Media: #SafetyIN**



Luck will NOT be on your side if you drive drunk this St. Patrick's Day. Make sure to use a #DesignatedDriver and stay safe. Share to remind your friends! #SafetyIN

Plan on partying this St. Patrick's Day? No amount of four-leaf clovers will protect you if you drive drunk. Make sure to always use a

- **Nominate an EMS for Children's Hero**
- **National Rural EMS Conference: Building Integration & Leadership for the Future**

## **Indiana State Trauma Care Committee (ISTCC) Update**

*Submitted by Camry Hess, M.P.H., Database Analyst Epidemiologist at the Indiana State Department of Health*

The Indiana State Trauma Care Committee (ISTCC) meeting was held on Friday, February 20th. This governor-appointed advisory board meets on a quarterly basis to assist the Indiana State Department of Health Division of Trauma and Injury Prevention with the development of the statewide trauma system. The meeting was held at the ISDH in Indianapolis and had a record number of attendees (75 attendees).

The meeting began with a surprise presentation for Dr. Gerardo Gomez, trauma surgeon at the Smith Level I Shock Trauma Center at Eskenazi Health. Dr. Gomez was featured in an article, 'My Gun Story: The ER Doctor' in the Indianapolis Monthly.

Hilari Sautbine, an attorney for the ISDH Office of Legal Affairs, and Katie Hokanson, ISDH division director of Trauma and Injury Prevention, reviewed the laws and statutes that pertain to data requests with patient identifiable information and the Trauma Registry Rule. Dr. Jennifer Walthall, Deputy State Health Commissioner, presented information on a new collaboration project titled "the trauma registry implementation research collaborative" which will connect researchers from the IU School of Medicine with the Trauma and Injury Prevention Division at the ISDH to analyze patient outcomes in the trauma system and identify best practices that can be utilized by others around the state.

Jessica Skiba, Injury Prevention Epidemiologist, and Camry Hess, Database Analyst for the division of trauma and injury prevention, presented the statewide trauma registry report for quarter 3 2014. There were 95 hospitals, including 11 trauma centers that reported incidents to the trauma registry. Highlights of the report include a decrease in transfer times by about half an

drunk. Make sure to always use a  
#DesignatedDriver! #SafetyIN

National Poison Prevention Week, March 15-21, is a week nationally designated to highlight the dangers of poisonings and how to prevent them.  
#SafetyIN

Luck will NOT be on your side if you drive drunk this St. Patrick's Day. Make sure to use a #DesignatedDriver and stay safe. Share to remind your friends! #SafetyIN

**EMS Providers and Hospitals who have submitted data to the registries** (under the Trauma Registry Rule-update): <http://www.in.gov/isdh/25942.htm>

## **Trauma Times Newsletter Survey:**

<https://www.surveymonkey.com/s/36RH393>

\*We want to hear from you! Please fill out our survey in order to help us continue to provide the best product and content to you the reader.\*

hour and no patients expiring in the emergency department for stays longer than 12 hours.

Art Logsdon, Assistant Commissioner of the Health and Human Services Commission, reviewed the “In the Process” process and then walked through the one-year reviews that were completed by two “in the process” hospitals: Franciscan Alliance St. Elizabeth – East in Lafayette and St. Vincent Anderson. Katie Hokanson wrapped the meeting up covering a variety of updates including: the announcement of the 2015 Trauma Tour, subcommittee updates (Performance Improvement and Trauma System Planning), request for proposals for the 2015 Indiana Emergency Response Conference, and the first Injury Prevention 101 Conference, which will be held on March 13th at the Indiana Government Center South in Indianapolis. The next ISTCC meeting date is May 22nd. All ISTCC and subcommittee meeting dates/times are available on the ISDH website at: <http://www.in.gov/isdh/25400.htm>.

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## 2015 Injury Prevention 101 Conference



This Conference will focus on how to develop an injury prevention program, covering topics such as how to find and fund evidence-based programs and how to use data to form, inform and evaluate your program. The Conference will feature state and regional experts in injury prevention.

### Event Details:

Friday, March 13, 2015

Registration begins at 7:30 a.m.

Event is from 8 a.m. to 4:30 p.m. EST

Indiana Government Center South

Conference Room 22

402 W. Washington Street

Indianapolis, IN 46202

Registration is open now!! Visit: <https://www.eventbrite.com/e/injury-prevention-conference-tickets-14963874351> (**agenda below**)

**For more information, please contact:**

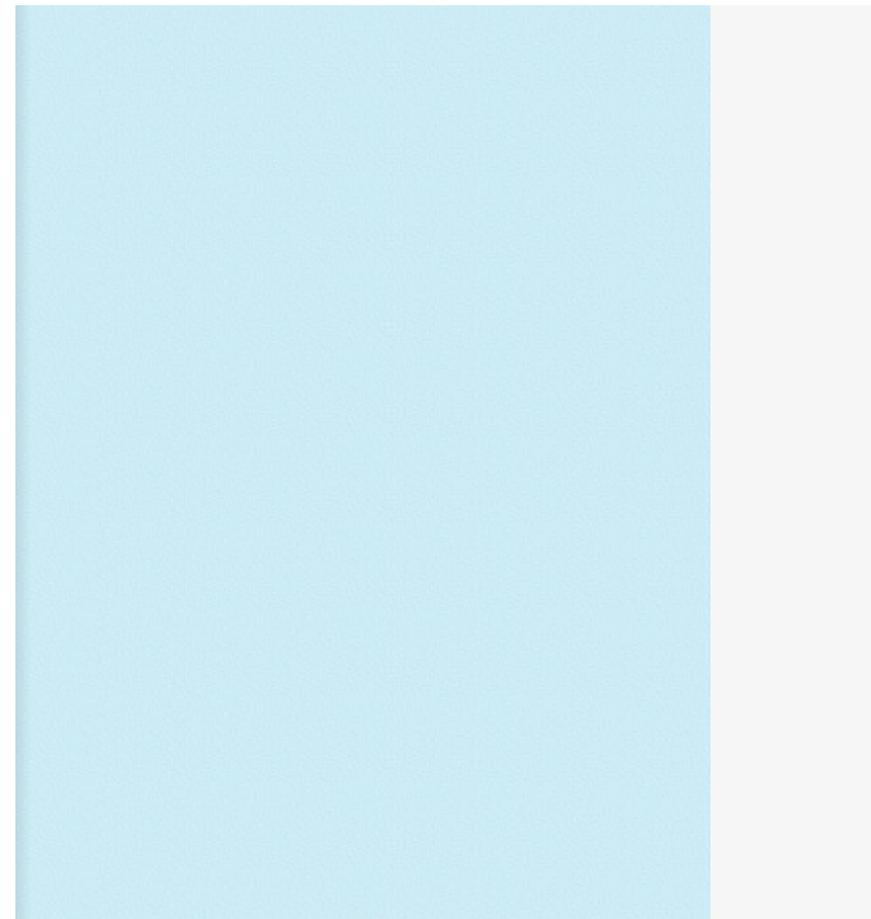
Jessica Skiba, M.P.H.

Injury Prevention Epidemiologist

Indiana State Department of Health

[jskiba@isdh.in.gov](mailto:jskiba@isdh.in.gov)

317-233-7716



Time	Description	Speakers
7:30– 8:00 a.m.	Registration & Networking Breakfast	
8:00 – 8:30 a.m.	Welcome & Opening Remarks	
8:30– 9:15 a.m.	Session 1- ACS IP program requirements	Dannielle Gilyan RN, MSN, CEN
9:15– 10:15 a.m.	Session 2- What are and where to find evidence-based programs	Jill Castor, BSN, RN, SANE-A Jessica Skiba, MPH
10:15– 10:30 a.m.	Break & Networking	
10:30 – 11:30 a.m.	Session 3- Using data to form and inform your IP program	Jodi Hackworth, MPH, CSTR, CAISS Amanda Rardon, RN, BS Charlene Cheng, M.S.
11:30 a.m. – 12:00 p.m.	Panel Discussion- Data Use and Open Q & A	Jodi Hackworth, MPH, CSTR, CAISS Amanda Rardon, RN, BS Charlene Cheng, M.S.
12:00 – 1:00 p.m.	Lunch & Networking	
1:00– 1:45 p.m.	Session 4- Literature Evaluations & evaluation of evidence-based programs	Dawn Daniels, PhD, RN, PHCNS-BC Mary Raley, BSN, RN, TNSCC, CEN
1:45– 2:30 p.m.	Session 5 -How to fund IP program	Jennifer Homan, RN Tom Price
2:30– 2:45 p.m.	Break & Networking	
2:45– 3:45 p.m.	Session 6- Community buy-in strategies	Lesley Lopossa BSN, RN, SANE Cara Wickens
3:45 – 4:00 p.m.	Break & Networking	
4:00 – 4:30 p.m.	Q & A session; Closing Remarks	

## Child Fatality Review: Working Together to Safe Indiana's Kids

*Submitted by Gretchen Martin, MSW, Child Fatality Review Program Coordinator at the Indiana State Department of Health*

Children are not supposed to die. The death of a child has a profound impact, not only on that child's family, but also friends, neighbors and members of the community. In Indiana, injury is the leading cause of death for children ages 1-17 years, and tragically, most of these deaths could have been prevented.

**From 2006-2013 in Indiana, there were 1,961 children who died from injuries. This is an average of 245 preventable deaths per year.**

Understanding the circumstances involved in a child's death is one way to make sense of the tragedy and help prevent future deaths. Child Fatality Review (CFR) is a collaborative process that can help us better understand why child deaths occur within our community, and help us identify how we can keep our children healthy and safe. CFR teams are multidisciplinary, professional teams which will conduct a comprehensive, in-depth review of a

child's death, the circumstances and risk factors involved, and then seek to understand how and why the child died so that future injury and death can be prevented.

In July 2013, a new law (IC 16-49) took effect that required local CFR teams in every county. Since that time, 97 percent of Indiana's counties have implemented, or are in the process of implementing, local CFR teams. The members of these teams volunteer their time to keep our kids safe, and several of the local teams have begun to use the information gathered from their reviews to identify trends and begin implementing prevention activities.

Tippecanoe and Jackson Counties' Fatality Review Teams took steps to educate their citizens about safe sleep practices for infants - a leading cause of infant deaths throughout the state. The Tippecanoe County team recently held a public forum to provide education and information on infant safe sleep, and the devastating impact unsafe sleep environments have had on their community.



The Jackson County team developed a presentation for a county high school health class, which provided students with infant safe sleep education. This project resulted in another high school implementing the topic in its curriculum. Additionally, the team was able to obtain an agreement from the family court judge to integrate safe sleep into the curriculum for the parenting classes that all divorcing parents are required to take in Jackson

County.

The Crawford County team addressed the problem of water safety for county youth. After the team reviewed a drowning fatality, they decided a proactive approach towards prevention of drowning was needed. The team collaborated with their local Department of Natural Resources (DNR) officer and solicited businesses and individuals for funding to provide free life jacket vouchers to children at the Little League Park. The participants were asked to sign a water safety pledge, and then were given vouchers which allowed parents to take their children to a local business to redeem the voucher and have them fitted with the proper size life jacket. Nearly 100 vouchers were given away that day.

A child's death should urge our communities into action. Every attempt should be made to understand the risk factors and circumstances surrounding that child's death to prevent future injuries and deaths. "The dedication and commitment exemplified by those professionals who volunteer their time to serve on Indiana's child fatality review teams is invaluable," says State Health Commissioner Jerome Adams, M.D., M.P.H. "It is our hope that their hard work and perseverance will lead to changes that eventually save the lives of countless Hoosier children."

Counties that want to create or enhance their child fatality review teams may contact Gretchen Martin at the Indiana State Department of Health, 317-233-1240 or e-mail [GMartin1@isdh.in.gov](mailto:GMartin1@isdh.in.gov).



**Infrared Technology for Early Identification and Treatment with Non-Contact Low-Frequency Ultrasound (NLFU) to Rapidly Resolve a Deep Tissue Injury**

*By Todd Zortman, RN and James Malec, PhD (Rehabilitation Hospital of Indiana, Indianapolis)*

### **Early Identification and Treatment is Key**

Pressure ulcers are a chronic healthcare burden frequently associated with disabling trauma, e.g, spinal cord injury. More than 2.5 million U.S. patients are affected annually by pressure ulcers with nearly 60,000 of those cases directly resulting in death and annual costs of \$9.1 to \$11.6 billion.

The most serious (Stage III and IV) pressure ulcers are caused by damage of the underlying soft tissue, that is, deep tissue injury (DTI). However, early identification of DTIs is challenging. This case study demonstrates how two new technologies (infrared scanning with the Wound Vision Scout™ and noncontact low-frequency ultrasound provided by MIST Therapy®) can be used to identify and treat DTI's to provide rapid resolution.

### **A High-level Tetraplegic**

A 57 year-old male, a recent history of cervical spinal cord injury/vertebral artery dissection with resulting tetraplegia, neurogenic bowel and bladder, frequent urinary tract infections and orthostatic hypotension presented for admission to the Rehabilitation Hospital of Indiana (RHI) in Indianapolis about eight months after his injury. He required several acute care re-hospitalizations in this period. During his last hospitalization, he developed a large Stage IV sacral pressure ulcer.

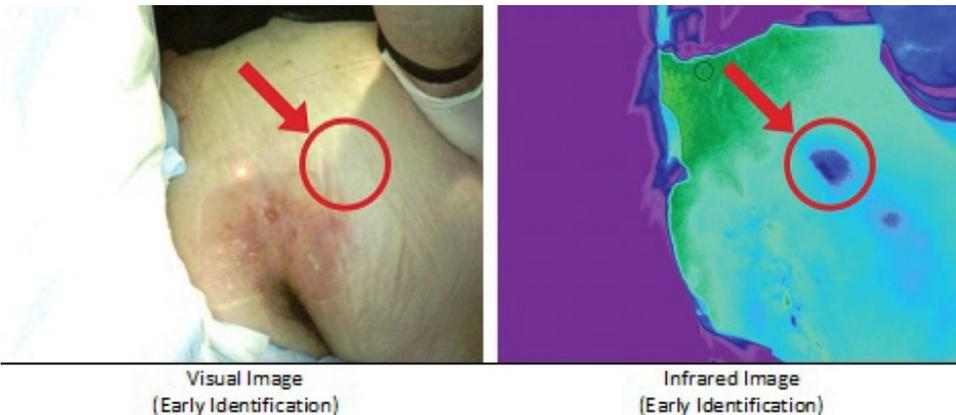
### **Rehabilitation Admission Skin and Ulcer Assessment**

At the time of transfer to the rehabilitation hospital, the pressure ulcer had responded to standard treatment with negative pressure and was 90 percent healed.

**Courtesy of WoundVision** ([www.woundvision.com](http://www.woundvision.com)), a digital and infrared imaging device (Scout™) is available to RHI wound care staff. The Scout™ is a non-invasive, non-radiating device that provides digital imaging for the measurement of wound size (length, width, surface area and perimeter) as well as long-wave infrared scanning for measuring the thermal intensity

(temperature) of an area on the body. Digital and infrared images are captured simultaneously to provide congruent anatomical and physiological views. Using the Scout™, the infrared image of the wound or suspected area of damage is compared to adjacent healthy tissue. Since the temperature of injured or infected tissue differs from healthy tissue, this comparison provides an index of the healing status of the wound.

The patient was scanned using The Scout™ on high risk areas (heels, ischial tuberosities, sacrum and hips) to provide a baseline for comparison with the area of the ulcer. Infrared imaging revealed a cold spot (relative to adjacent tissue) on the right upper buttock. There were absolutely no visible changes noted to the naked eye on the surface. A repeat scan was performed to confirm the results identifying a new suspected deep tissue injury (sDTI) which was palpable. The area of induration on the upper right buttock was 3X3 cm, and the location exactly matched the infrared imaged sDTI provided by the Scout™.

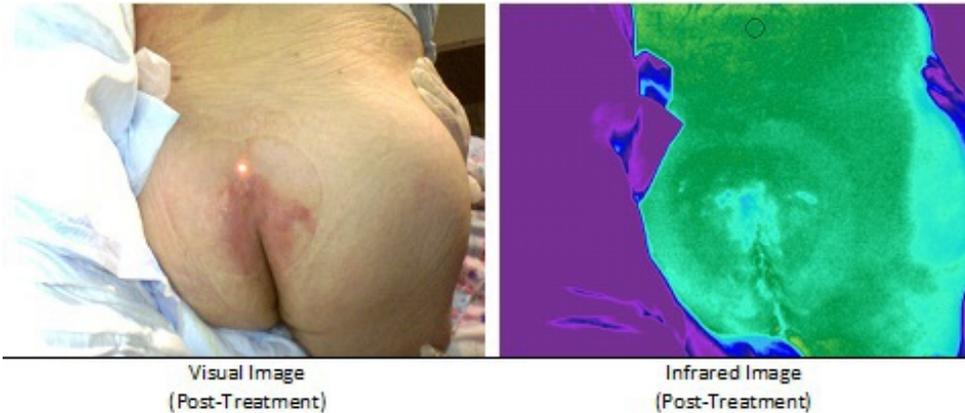


## Treatment

MIST Therapy® ([www.misttherapy.com](http://www.misttherapy.com)) is an evidence-based treatment for DTI that combines stimulation with noncontact low-frequency ultrasound (NLFU) and the simultaneous application of a saline mist. When the DTI was discovered, daily noncontact treatments with MIST Therapy® were initiated. Balsam Peru (Vasolex) ointment was applied twice daily to the buttocks and peri areas and wheel chair and rehabilitation therapy times were limited.

After three days, assessment using the Scout™ was repeated and all signs of

the DTI were eliminated suggesting complete resolution.



### **Implications for Future Practice**

In this case, the combination of early identification provided by a camera with advanced infrared technology and early treatment with NLFU allowed for quick resolution of a DTI prior to tissue impact on the surface, thus preventing an open pressure ulcer. At RHI, we are in the process of developing a protocol for routine infrared scanning of high risk areas among patients with mobility impairments.

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**National Poison Prevention Week, March 15-21**

**INDIANA  
POISON  
CENTER**

*By Deirdre M. George Davis, M.P.H., Coordinator-Poison Prevention, Indiana  
Poison Center*

**National Poison Prevention Week Highlights Need to Protect Children  
from Poisons**

## Prevention Awareness Campaign March 15-21

Why is it necessary to devote one whole week every March to promoting poison prevention? A look at the numbers provides an explanation. In 2014, the Indiana Poison Center received 57,396 requests for assistance (averaging 157 calls per day). In addition, the staff of the Poison Center placed 80,995 calls to patients and health care professionals for follow-up (averaging 222 calls per day). The goal of National Poison Prevention Week is to raise awareness about what kinds of things can potentially be poison and to teach ways to keep children and others safe from poisons.

As a young child's mobility increases, so does his or her ability to reach for a dangerous product. "Young children constantly explore the world around them, touching and tasting everything they see," says Dr. James Mowry, Director of the Indiana Poison Center. "The goal of National Poison Prevention Week is to raise awareness about what kinds of things can potentially be poison and to teach ways to keep children and others safe from poisons."

During National Poison Prevention Week, March 15-21, the Indiana Poison Center encourages you to take some simple steps to help keep your family safe:

- Choose products and medicines with child resistant packaging whenever it is available
- Replace child-resistant caps tightly every time you give or take medicine or use a product
- Lock medicines and household products away from children - products placed up high may not be secure since children climb
- Return medicine and household products to a locked storage place immediately after use
- Always read the label before giving or taking a medicine or using household products - never guess about how to use a product
- Take medicines where children can't watch - they learn by imitating
- Put the number for the Indiana Poison Center, 1-800-222-1222 on or

near every telephone. Program the number into your cell phones.

- Make sure babysitters and family members caring for your children also have the emergency number posted in their homes and programmed into their phones.

Poison can be found everywhere. Items commonly found in and around the home can easily become a danger to young children if they are left in the open within easy reach. Such items include:

- Medicines (prescription and over the counter)
- Cleaning products (drain openers, toilet bowl cleaners, oven cleaners, rust removers)
- Automotive products (windshield washer fluid, antifreeze)
- Hydrocarbons (gasoline, kerosene, lighter fluid, furniture polish, hair and body oils)
- Pesticides, herbicides, insect repellents

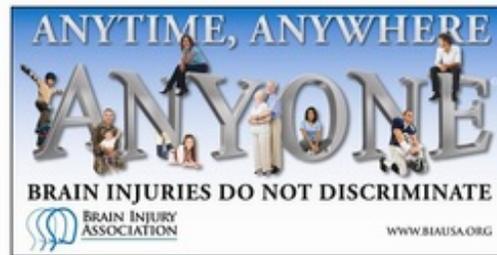
According to Dr. Mowry, "There is no substitute for careful supervision, wherever children live or spend time." At the same time, it's important to realize that children are fast and curious so that poisoning can happen in the home of even the most careful parent. It can take only seconds for a child to reach for cleaners, pesticides or medications, possibly resulting in serious injury or even death. A young child should never be left alone with a dangerous product. And when not being used, dangerous products should be stored up and out of the reach of children, preferably in a locked cabinet. Call **1-800-222-1222** even if you just think that someone has been poisoned. Don't wait to see if the person gets sick, call the experts at the Poison Center immediately.

To request a free magnet, phone sticker or wallet card and to learn more about poison safety, call the Indiana Poison Center at **1-800-222-1222**, or visit the Center's website at [www.indianapoison.org](http://www.indianapoison.org). For a poisoning emergency, call the Poison Center experts immediately at **1-800-222-1222**.

*The Indiana Poison Center is an independent, non-profit, agency providing coverage and services for the entire state of Indiana. It serves as both an emergency telephone service and an information resource center, with services accessible to the general public and health care professionals 24 hours a day, 365 days per year. The IPC is the designated Regional Poison Information Center for Indiana and is certified by the American Association of Poison Control Centers. It is a collaborative effort of the Indiana State Department of Health, Indiana University Health, the Federal HRSA Poison Control Program and health care providers throughout the state.*

### **March is National Brain Injury Awareness Month**

The Brain Injury Association of America recognizes March as National Brain Injury Awareness Month due to the major impact brain injuries can have on individuals and their families. There are several brain injuries categories, including traumatic brain injury (TBI) and acquired brain injury (ABI). TBI results in an alteration in brain function or other evidence of brain pathology caused by a blow or other external traumatic force. Common causes of TBI include falls, motor vehicle collisions, violence, sports injuries, blast or combat injuries.



Brain injuries can be prevented and their effects mitigated through recognition, response, and recovery. There are many simple ways to reduce the chance of sustaining a head injury, which include:

1. Buckling your child in the car using a size and age-appropriate child safety seat, booster seat or seat belt.
2. Wearing a seat belt every time you drive or ride in a motor vehicle.
3. Never driving while under the influence of alcohol or drugs.
4. Wearing a helmet and making sure your children wear helmets while

bicycling and playing contact sports

5. Making living areas safer for seniors through home modifications, such as:

- a. Removing tripping hazards such as throw rugs and clutter in walkways;
- b. Using nonslip mats in the bathtub and on shower floors;
- c. Installing grab bars next to the toilet and in the tub or shower, and handrails on both sides of stairways;

6. Making living areas safer for children by installing window guards to keep young children from falling out of open windows, and using safety gates at the top and bottom of stairs when young children are around.

7. Making sure the surface on your child's playground is made of shock-absorbing material, such as hardwood mulch or sand.

8. Supervise children around water, including pools, lakes and the bathtub. Make sure children wear life jackets in and around natural bodies of water, even if they know how to swim.

Seek medical attention if you are experiencing these brain injury warning signs:

- Numbness
- Excessive drowsiness
- Severe Headache
- Weakness in your arms or legs
- Dizziness or loss of vision
- Slurred speech
- Loss of consciousness or confusion
- Vomiting or nausea

For more information, visit: <http://www.brainfacts.org/diseases-disorders/injury/> or <http://www.cdc.gov/traumaticbraininjury/>. The Indiana Special Emphasis on TBI can be accessed here:

## 2nd Annual St. Vincent: Advances in Trauma Care Conference



St.Vincent Trauma Center invites you to attend an exceptional day of trauma education FREE to pre-hospital and all other healthcare providers. **St.Vincent: Advances in Trauma Care Conference** will take place in **Greencastle on Tuesday, March 24.**

Trauma experts in the field of surgical, emergency, and pre-hospital care will present innovative trauma topics and a dynamic

physician discussion panel.

Dr. Tania Glenn is the keynote speaker. Dr. Glenn responded to the terrorists' attack at Ground Zero in New York City in 2001, as a licensed first responder and to New Orleans after Hurricane Katrina in 2005. Dr. Glenn specializes in the identification and treatment of severe stress and trauma. She is passionate about her work and dedicates her practice to helping those who serve and protect.

Register for the program at <https://www.eventbrite.com/e/2nd-annual-stvincent-advances-in-trauma-care-conference-tickets-15375329023>.

**A conference t-shirt, continental breakfast and catered lunch will be provided with raffle items to include a Gas Card, Amazon Fire HDX and Beats Headphones.**

**Continuing education credits are available.**

For more information, please contact Judi Holsinger at [jholsing@stvincent.org](mailto:jholsing@stvincent.org)

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### Nominate an EMS for Children's Hero

DO YOU KNOW SOMEONE THAT GOES ABOVE AND BEYOND FOR CHILDREN OR HAS DONE SOMETHING EXTRAORDINARY FOR A CHILD?



## NOMINATE AN EMS for Children's HERO

Email [elweinst@iu.edu](mailto:elweinst@iu.edu) with your nomination.

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### National Rural EMS Conference: Building Integration & Leadership for the Future

**WHEN:** May 5-6, 2015

**WHERE:** Cheyenne, Wyoming

**COST:** \$200 (includes meals)

**WHO'S INVITED:** Rural EMS Directors, State EMS Officials, State Offices of Rural Health, Flex Program Managers, hospital administrators, elected officials, medical directors & other interested EMS partners.

**LEARN ABOUT:** The future of rural EMS, community paramedicine, systems of care, performance improvement, ambulance service sustainability, rural EMS education, simulation in motion and more.

**DRAFT AGENDA:** Click [here](#).

**REGISTRATION:** <https://www.regonline.com/EMS15>

**LODGING:**

Little America Hotel, 2800 West Lincolnway, Cheyenne, Wyoming 82009

For reservations, call: 800.445.6945

Group rates from \$99 - \$129, depending upon your needs and room availability.

Room block name: **Rural EMS Conference**

**HOST:** Joint Committee on Rural Emergency Care

- National Association of State EMS Officials
- National Organization of State Offices of Rural Health
- National Rural Health Resource Center
- National Rural Health Association

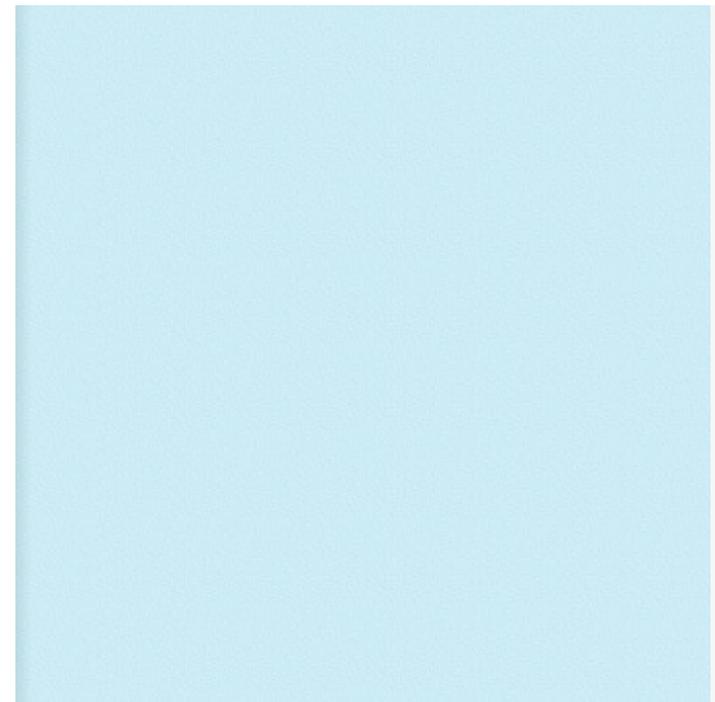
**Conference Website:** <http://nosorh.org/calendar-events/national-rural-ems-conference/>

**TRAVEL TO CHEYENNE:** There are a number of options for getting to Cheyenne.

1. Air: Great Lakes Airlines - offers connections to United Airlines and Frontier Airlines.
2. Rental Car: Cheyenne is 100 miles or 90 minutes from Denver.
3. Shuttle: GreenRide - 888.472.6656 or <http://greenrideco.com/>.

**VENDOR OPPORTUNITIES:** Click [here](#).

**QUESTIONS:** Contact Stephanie Hansen at 208.375.0407



**Jerome Adams, M.D., M.P.H. — State Health Commissioner**  
**Jennifer Walthall, M.D., M.P.H. — Deputy Health Commissioner**  
**Art Logsdon, J.D. — Assistant Commissioner, Health and Human Services**

**Katie Hokanson — Director**  
**Jessica Skiba, M.P.H. — Injury Prevention Epidemiologist**  
**Camry Hess, M.P.H. — Database Analyst Epidemiologist**  
**Murray Lawry, M.P.A. — EMS Registry Manager**  
**Ramzi Nimry — Trauma System Performance Improvement Manager**

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**[Indianatrauma.org](http://Indianatrauma.org)**

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